

IN RE: : **Bankruptcy No. 22-21724-CMB**
:
Christopher Blazeyewski and : **Chapter 7**
Diane Blazeyewski, :
Debtors :
:
Christopher Blazeyewski and :
Diane Blazeyewski, :
Movants :
:
v. :
Acute Care Solutions, et al :
Rosemary C. Crawford, Esq. :
Chapter 7 Trustee, :
Respondents :

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

_____ Voluntary Petition *Specify reason for amendment:*
_____ Official Form 6 Schedules (Itemization of Changes Must Be Specified)
_____ Summary of Schedules
_____ Schedule A – Real Property
_____ Schedule B – Personal Property
_____ Schedule C – Property Claimed as Exempt
_____ Schedule D – Creditors holding Secured Claims
_____ Check One:
_____ Creditor(s) Added
_____ NO creditor(s) Added
_____ Creditor(s) Deleted
_____ Schedule E – Creditors Holding Unsecured Priority Claims
_____ Check One:
_____ Creditor(s) Added
_____ NO creditor(s) Added
_____ Creditor(s) Deleted
_____ X Schedule F – Creditors Holding Unsecured Nonpriority Claims
_____ Check One:
_____ X Creditor(s) Added
_____ NO creditor(s) Added
_____ Creditor(s) Deleted
_____ Schedule G – Executory Contracts and Unexpired Leases
_____ Check One:
_____ Creditor(s) Added
_____ NO creditor(s) Added
_____ Creditor(s) Deleted
_____ Schedule H – Codebtors
_____ Schedule I – Current Income of Individual Debtor(s)
_____ Schedule J – Current Expenditures of Individual Debtor(s)
_____ Statement of Financial Affairs
_____ Chapter 7 Individual Debtor’s Statement of Intention
_____ Chapter 11 List of Equity Security Holders
_____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
_____ Disclosure of Compensation of Attorney for Debtor
_____ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED DEBTOR
Pursuant to Fed.R.Bankr.P.1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Acute Care Solutions
PO Box 9820
Coral Springs, FL 33075-9820

AHN Brentwood Neighborhood Hospital
3290 Saw Mill Run Blvd
Pittsburgh, PA 15227

Borough Of Brentwood
3624 Brownsville Road
Pittsburgh, PA 15227

Duquesne Light Company
411 Seventh Avenue
Pittsburgh, PA 15230

Duquesne Light Company
411 Seventh Avenue
Pittsburgh, PA 15230

Office of UC Benefits
UI Payment Services
PO Box 67503
Harrisburg, PA 17106-7503

Office of UC Benefits Policy
Benefit Payment Control & Integrity
651 Boas St. Room 608
Harrisburg, PA 17121

Peoples Gas Bankruptcy Dept.
375 N Shore Drive Ste 600
Attn: Dawn Linder
Pittsburgh, PA 15212

Peoples Gas Co. LLC
c/o Jeffrey Hunt, Esq.
525 Wm Penn Place Ste 3110
Pittsburgh, PA 15219

St. Clair Medical Group
Occupational Medicine, Affiliate Billing
1000 Bower Hill Road
Pittsburgh, PA 15243-1841

St. Clair Medical Group
Occupational Medicine
PO Box 644867
Pittsburgh, PA 15264-4867

Date: March 2, 2023

/s/ Paul W. McElrath
Paul W. McElrath, Esquire
Attorney for Debtor
P.A. Id. No. 86220
McElrath Legal Holdings, LLC
1641 Saw Mill Run Blvd
Pittsburgh, PA 15210
(412) 765-3606
paulm@mcelrathlaw.com

Fill in this information to identify your case:

Debtor 1 **Christopher Blazeyewski**
First Name Middle Name Last Name

Debtor 2 **Diane Blazeyewski**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number **22-21724-CMB**
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	AHN Brentwood Neighborhood Hospital Nonpriority Creditor's Name 3290 Saw Mill Run Blvd Pittsburgh, PA 15227 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2896 When was the debt incurred? 2022-2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Expenses	\$2,370.48

Debtor 1 **Christopher Blazeyewski**
Debtor 2 **Diane Blazeyewski**

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4.2	Borough Of Brentwood Nonpriority Creditor's Name 3624 Brownsville Road Pittsburgh, PA 15227 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4001</u> When was the debt incurred? <u>2022-2023</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	\$445.27
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4.3	Duquesne Light Company Nonpriority Creditor's Name 411 Seventh Avenue Pittsburgh, PA 15230 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0000</u> When was the debt incurred? <u>2022-2023</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	\$611.60
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4.4	Office of UC Benefits Nonpriority Creditor's Name UI Payment Services PO Box 67503 Harrisburg, PA 17106-7503 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0488</u> When was the debt incurred? <u>2022-2023</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>over payment of UC Benefits</u>	\$214.63
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Debtor 1 **Christopher Blazeyewski**
Debtor 2 **Diane Blazeyewski**

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4.5	Peoples Gas Bankruptcy Dept. Nonpriority Creditor's Name 375 N Shore Drive Ste 600 Attn: Dawn Linder Pittsburgh, PA 15212 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5798 When was the debt incurred? 2022-2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility	\$413.63
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4.6	St. Clair Medical Group Nonpriority Creditor's Name Occupational Medicine, Affiliate Billing 1000 Bower Hill Road Pittsburgh, PA 15243-1841 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Expenses	\$212.50
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Acute Care Solutions PO Box 9820 Coral Springs, FL 33075-9820	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address Office of UC Benefits Policy Benefit Payment Control & Integrity 651 Boas St. Room 608 Harrisburg, PA 17121	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address Peoples Gas Co. LLC c/o Jeffrey Hunt, Esq. 525 Wm Penn Place Ste 3110 Pittsburgh, PA 15219	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Debtor 1 **Christopher Blazeyewski**
Debtor 2 **Diane Blazeyewski**

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Name and Address

**St. Clair Medical Group
Occupational Medicine
PO Box 644867
Pittsburgh, PA 15264-4867**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	4,268.11
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	4,268.11